



# Tennessee Agricultural Enhancement Program

## Verified Incentive Program - VIP Preconditioning Form

For Fiscal Year 2009 - 2010

### Verification Form for Tennessee Department of Agriculture Approved Preconditioning Programs for Feeder Calves (Must complete both sides of form)

TDA approved preconditioning programs require that each calf be vaccinated twice against IBR, PI-3, BVD, BRSV and clostridials (Blackleg) (7- or 8-way vaccine). Of the two sets of viral vaccines, one set must be modified live. All male calves must be castrated and healed; all horned animals must be dehorned and healed; and all animals must be treated for control of external and internal parasites. A 15-digit electronic ear tag is required for each animal. All calves are required to have been weaned for at least 45 days to qualify for this program. All calves should be well adjusted to feed bunks and water tanks.

Please place a check mark in all boxes that are correct about this group of calves and provide the date and product information:

- ☐ All male calves have been castrated and healed (if banding or clamping is used as the castrating procedure, both testicles must have been removed or rendered non-functional)
- ☐ All calves with horns have been dehorned and healed (no tipping)
- ☐ All calves have been treated for internal and external parasite

Date treated: \_\_\_\_\_

Product(s) used: \_\_\_\_\_

- ☐ All calves have been vaccinated twice against IBR, BVD, PI3 and BRSV with at least one set of modified live vaccine

First vaccination date: \_\_\_\_\_

Product used: \_\_\_\_\_

Second Vaccination Date: \_\_\_\_\_

Product used: \_\_\_\_\_

- ☐ All calves have been vaccinated twice with a 7 or 8 way clostridial (Blackleg) product
- ☐ All calves have been weaned a minimum of 45 days
- ☐ All calves are bunk broke and trained to drink from water tanks
- ☐ All calves are identified with 15 digit ISO approved ear tags
- ☐ All calves are also participating in a USDA approved age and source program

I have read and understand the requirements of the Tennessee Department of Agriculture's Value added program for beef calves and hereby verify this group of calves qualify for this program.

Owner's Signature (required)

Date

Verification Signature (required)

Date

\* Can be the participating veterinarian or the marketing agent of the sale.

\* Cattle Marketed as per-conditioned may be subject to random blood sample taken on sale day to verify.

**Owner Information**  
(Please print)

Producer Name: \_\_\_\_\_ Premise Acct. # \_\_\_\_\_

Producer Address: \_\_\_\_\_  
# Street City ST

Sale Location: \_\_\_\_\_ Sale Date: \_\_\_\_\_

# Cattle Marketed: \_\_\_\_\_

EID #'s of Cattle Verified by this Form: (List or Attach to this form)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Verification Party Information**

(Please print - one must be marked and listed below to participate)

☐

**Veterinarian**

☐

**Marketing Agent**

Name: \_\_\_\_\_

Association: \_\_\_\_\_

\*If veterinarian, list clinic associated with  
\*If marketing agent, list business associated with

Address: \_\_\_\_\_

Phone: \_\_\_\_\_

**Forms must be returned to:**  
Tennessee Department of Agriculture  
TAEP - VIP  
P.O. Box 40627  
Nashville, TN 37204